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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11125	
Facility Name:	Trinity Hos	spital
Address:	60 Easter	Ave.
City:	Weavervil	le e
Hospital Owner/Lice	ensee:	Mountain Communities Healthcare District
Year of Rep	orting:	2010
Contact 1 e-mail Ac	ldress:	
Contact 2 e-mail Ac	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Richard Reagan
Submission	Date:	1/19/2011 1:45:08 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital Building	60 Easter Ave.	Retrofit	SPC2	01/01/2013	01/01/2013
03	Security Addition	60 Easter Ave.	Retrofit	SPC2	01/01/2013	01/01/2013
04	16-Bed Addition	60 Easter Ave.	Retrofit	SPC2	01/01/2013	01/01/2013
06	Emergency Generator Building	60 Easter Ave.	Retrofit	SPC2	01/01/2013	01/01/2013
07	Connecting Corridor Addition	60 Easter Ave.	Retrofit	SPC2	01/01/2013	01/01/2013

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Main Hospital Building		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	19 Inpatient 1236 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Security Addition		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesaleal/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildir	ng Name: 16-Bed Addition		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	6 Inpatient 56 Days	X Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 6	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildi	ng Name: Emergency Generator Buil	ding	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 07	Buildi	ng Name: Connecting Corridor Addit	ion	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Building Number:	01	Building Name: Main	Hospital Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 19 Bed	Inpatient 1236 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	19	19

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Building Number:	03	Building Name:	Security Addition]
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number:	04	Building Name: 16-E	Bed Addition		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 6 Bed	Inpatient 56 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	6	0

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Building Number:	06	Building Name:	Emergency Generator Bu	ilding]	
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Intensive Care		Rehabilitatior Center	Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0	

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Building Number:	07	Building Name:	Connecting Corridor Addition		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital Building	
03	Security Addition	
04	16-Bed Addition	
05	Lab and Radiology Addition	
06	Emergency Generator Building	
07	Connecting Corridor Addition	

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Building Number:	01 Buildir	ng Name: Main Hospital Building			
Type of Servic	e Provided	_			
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Х	Outpatient Surgery
	Dovebiatria	Radiological/ Imaging	WellBaby		Cange.y
	Psychiatric Nursing	X Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		Nuclear	Х	Support
	•	X Dietetic	Medicine		Services
	Intermediate Care	X Administration			
		Administration			
	Skilled Nursing	I			

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Building Number:	03	Building Name:	Security Add	dition					
Type of Service	e Provided		-	_					
			Surgical			Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy	
X	Nursing		Anesthe	sia	_				
	IntensiveCare		7	L		Obstetrical Recovery	Ш	Renal Dialysis	
	Pediatric/Adol escent	· L	Clinical	Lab 「	7	Newborn/		Outpatient Surgery	
	Dovekistria		Radiolog Imaging			WellBaby		Cangery	
Ш	Psychiatric Nursing	X	Pharma	ceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m	_			Nuclear	П	Support	
	·	<u> </u>	Dietetic			Medicine		Services	
	Intermediate Care		Adminis	stration					
	Skilled Nursin	g							

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Building Number:	04 Bu	uilding Name:	16-Bed Addition			
Type of Servic	e Provided	, –	7			
		<u> </u>	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia			
	IntensiveCare			X Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol		Clinical Lab		X	Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	X Emergency		Central Plant
	Obstetrical					
Ы	Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		7			
			Administration			
	Skilled Nursing	I				

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Building Number:	06	Building Name:	Emergency Generato	r Building	
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	•		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	Central Plant
	Obstetrical		Filalifiaceutical	Lineigeney	Central Flant
	Ante/Postprtu	m	Dietetic	Nuclear Medicine	Support Services
	Intermediate		_		
	Care		Administration		
	Skilled Nursin	g			

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Building Number:	07	Building Name:	Connecting Corridor	Addition	
Type of Servic	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia		
	IntensiveCare	,		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	, [Clinical Lab		Outpatient
	escent		Radiological/	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Imaging		
			Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursin	g L	Administration		

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Building Number: 01	Building Na	me: Main Hospita	ll Building			
Configuration Retrofit No.	n-Conforming buildi	ing to SPC 2 and Ni	PC 3 and rem	ove from service by 2	2030	
Type of Service Provided						
X Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
Obstetrical Ante/Postprtur	m X	Pharmaceutical		Emergency	$\overline{\mathbf{x}}$	Central Plant
Intermediate	X	Dietetic		Lineigency		Ochira i lani
Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number	er: 03	Building Na	me: Security Addition	າ		
Configuration:	N/A					
Type of Ser	vice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	Central Plant
	Intermediate Care	X	Dietetic			
	Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number	: 04	Building Na	me: 16-Bed Addition	า			
Configuration :	N/A						
Type of Servi	ce Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic		Emergency		Contrain tant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	05	Building Na	me: Lab and Radio	ology Additio	n		
Configuration :	N/A						
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent	X	Clinical Lab		Recovery		
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1 -	Obstetrical Inte/Postprtum		Pharmaceutical		_		0 1 1 1 1
	ntermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing		Administration				OEI VICES

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Building Numbe	er: 06	Building Na	me: Emergency G	enerator Buil	ding	
Configuration:	N/A					
Type of Serv	rice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic	_	Linergency	Commun Idin
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Building Number: 07 Building Name: Connecting Corridor Addition								
Configuration N/A								
Type of Service Provided								
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
Pediatric/Adol escent		Clinical Lab		Recovery				
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
Obstetrical Ante/Postprtum		Pharmaceutical		E		Octobel Plant		
, une, eespitain	$\mid \mid \mid$	Dietetic		Emergency	Ш	Central Plant		
Intermediate Care				Nuclear Medicine		Support Services		
Skilled Nursing		Administration				23000		

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 05 Building Name: Lab and Radiology Addition									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/19/2011 **Print Date:** 1/20/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	05 Buil	ding Name: Lab a	and Radiology Addition			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	